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THE

Medical Examiner.

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No. 15. CHICAGO, AUGUST 1, 1872. VOL. XIII.

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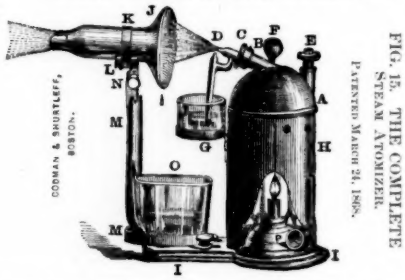

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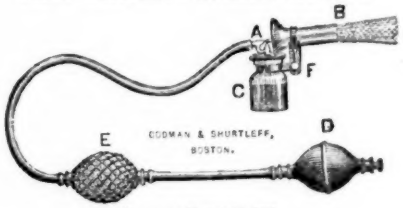

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THE PRELIMINARY AUTUMNAL TERM for 1872-73 will commence on Wednesday, September 18, 1872, and continue until the opening of the Regular Session. During this term, instruction consisting of didactic lectures on special subjects, and daily clinical lectures, will be given, as heretofore, by the members of the Faculty. Students designing to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. *During the Preliminary Term clinical and didactic lectures will be given in precisely the same number and order as in the Regular Session.*

THE REGULAR SESSION will commence on Wednesday, October 16th, 1872, and end about the 1st of March, 1873.

FACULTY.

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JAMES R. WOOD, M. D., LL. D., Emeritus Prof. of Surgery.
FORDYCE BARKER, M. D., Professor of Clinical Midwifery and Diseases of Women.
AUSTIN FLINT, M. D., Professor of the Principles and Practice of Medicine and Clinical Medicine.
FRANK H. HAMILTON, M. D., LL. D., Professor of Practice of Surgery with Operations and Clinical Surgery.
LEWIS A. SAYRE, M. D., Prof. of Orthopedic Surgery and Clinical Surgery.
ALEXANDER B. MOTT, M. D., Professor of Clinical and Operative Surgery.
W. H. VAN BUREN, M. D., Prof. of Principles of Surgery with Diseases of the Genito-Urinary System and Clinical Surgery.
WM. T. LUSK, M. D., Prof. of Obstetrics, Diseases of Women, Diseases of Infancy and Clinical Midwifery.
WM. A. HAMMOND, M. D., Professor of Materia Medica and Therapeutics, Diseases of the Mind and Nervous System and Clinical Medicine.
AUSTIN FLINT, Jr., M.D., Prof. of Physiology and Physiological Anatomy, and Secretary of the Faculty.
ALPHEUS B. CROSBY, M. D., Prof. of General, Descriptive and Surgical Anatomy.
R. OGDEN DOREMUS, M. D., Professor of Chemistry and Toxicology.

PROFESSORS OF SPECIAL DEPARTMENTS, ETC.

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EDWARD L. KEYES, M. D., Surgeon to the Charity Hospital, etc; Professor of Dermatology, and Assistant to the Chair of Principles of Surgery, etc.
EDWARD G. JANEWAY, M. D., Physician to Bellevue Hospital, etc.; Professor of Pathological and Practical Anatomy. (Demonstrator.)

A distinctive feature of the method of instruction in this College is the union of clinical and didactic teaching. All the lectures are given within the Hospital grounds. During the Regular Winter Session, in addition to four didactic lectures on every week-day, except Saturday, two or three hours are daily allotted to clinical instruction. The union of clinical and didactic teaching will also be carried out in the Summer Session, nearly all of the teachers in this Faculty being physicians and surgeons to the Bellevue Hospital and the great Charity Hospital on Blackwell's Island.

The Summer Session will consist of two Recitation Terms; the first from March 17th to July 1st, and the second, from September 1st to the opening of the Regular Session. During this Session there will be daily recitations in all the departments, held by a corps of examiners appointed by the Regular Faculty. Regular clinics will also be held daily.

FEES FOR THE REGULAR SESSION.

Fees for Tickets to all the Lectures during the Preliminary and Regular Term, including Clinical Lectures	$140 00
Matriculation Fee	5 00
Demonstrator's Ticket (including material for dissection)	10 00
Graduation Fee	30 00

FEES FOR THE SUMMER SESSION.

Matriculation (Ticket good for the following Winter)	$5 00
Recitations and Clinics	35 00
Dissecting (Ticket good for the following Winter)	10 00

For the Annual Circular and Catalogue, giving regulations for graduation and other information, address the Secretary of the College, Prof. AUSTIN FLINT, Jr., Bellevue Hospital Medical College.

Chicago Medical College.

The regular Annual Lecture Term in this Institution will commence on the first Monday in October, and continue until the second Tuesday in March following. Clinical Lectures *daily* throughout the term.

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Professor of Principles and Practice of Medicine and of Clinical Medicine.

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THOMAS S. BOND, M.D.,
Demonstrator of Anatomy.

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Graduation Fee	20 00
Matriculation Fee	5 00
Dissecting Ticket	5 00
Hospital Tickets	$3 00 to 6 00

The Summer Reading and Clinical Term commences on the first Monday in April, and continues until the first Monday in July, and is free to all matriculated students of the College. Boarding, $3.50 to $4.50 per week. For further information, address

E. ANDREWS, M.D., Sec'y of the Faculty.

IOWA STATE UNIVERSITY

MEDICAL DEPARTMENT,

IOWA CITY, IOWA.

SESSION OF 1872–73.

PRELIMINARY TERM will commence October 9th, and continue until the opening of the regular term.

THE REGULAR SESSION will commence October 23d, 1872, and continue until the first Wednesday of March, 1873.

FACULTY.

GEORGE THACHER, D.D., *President.*

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GUST. HINRICH, A.M., M.D., Iowa City, Professor of Chemistry and Toxicology.

W. F. PECK, M.D , Davenport, Professor of Surgery, *Dean of Faculty.*

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E. F. CLAPP, M.D., Washington, Professor of Anatomy.

E. H. HAZEN, A.M., M.D., Davenport, Lecturer on Diseases of Eye and Ear.

MARK RANNEY, A.M., M.D., Mount Pleasant, Lecturer on Insanity.

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CHICAGO. | College.

Original Communications.

BENEFICIAL RESULTS FOLLOWING, AND APPARENTLY DEPENDING UPON, THE USE OF TEUCRIUM MARUM IN AURAL POLYPUS.

BY JOHN BARTLETT, M. D.

After having been troubled with otorrhœa for a year or more, in December last I became quite deaf. Upon applying to Prof. E. L. Holmes of Chicago, in March, a soft polypus, apparently springing from the membrana tympani was discovered, occluding the meatus. The shape and location of the growth was such that the aurist advised that its removal be deferred for a month or more, and that meanwhile its destruction might be attempted by local applications. Being familiar with the unsatisfactory results of the treatment of these polypi with caustics, and of the possibility of extraction proving, in the end, only a palliative measure, I cast about for some other means of relieving myself from this growth, which, on account of chronic deafness in the other ear, was seriously interfering with my comfort and business.

Being aware that teucrium marum had been used by Mayer as a local application, with good results in nasal polypus, and that it was recommended with confidence as an internal remedy for nasal and aural polypi by homœopathic writers, I determined to try it. Accordingly I took of the tincture one-half a minim four times daily. In one week Dr. D. B. Hillis of Keokuk, who was kind enough to overlook the treatment, discovered a slight contraction of the growth. In another week its dimensions were so far diminished that, immediately after syringing the secretion from the ear, an air space alongside of the polypus permitted for some minutes quite satisfactory hearing. The growth continued to shrink slowly and at the end of a month the passage to the drum which at first rapidly refilled with secretion remained permanently clear. The watch could be heard at six inches, and the stethoscope used with some confidence. I remarked that when the medicine was discontinued, as when traveling, or because of an occasional slight dizziness which I thought might be attributed to its action in diminishing the secretion from the ear, deafness returned. Upon resorting to the remedy again, hearing improved. During the first weeks of the treatment the teucrium was applied locally by dropping into the ear after syringing five or six drops of the tincture, diluted four times with water.

In June I called again upon Dr. Holmes; preparatory to an examination, he syringed the ear, and in so doing detached the polypus. Hearing was instantly restored. Some hemorrhage followed the detachment. The secretion, which had been copious, stopped within three days, and the meatus seemed in a better condition than for several years past. Upon careful inspection of the ear three weeks after the removal of the polypus, no evidence of a reproduction of the growth was discovered, the use of the teucrium, meanwhile, having been virtually abandoned.

It chanced that at the time of my first using the teucrium, I had under observation two cases of aural polypus, both of long standing; one had been detected seven years, and the other twelve years previously. These patients had declined active measures for relief. I sought them out and prescribed the tincture for them.

In the first case the polypus, of the mulberry variety, arising in the middle ear, reached outwardly so far as to have been within the touch of the finger. In six weeks, under the use of teucrium, its volume had diminished four-fifths, and it had receded within the middle ear. No uneasiness was experienced from the use of the medicine. During the latter half of the treatment, it had been used locally.

In the second case, no examination had been made recently. At the last observation the tympanal cavity was filled with two soft polypi. At the time of administering the teucrium, the deafness in the diseased ear was decided. For seven months the patient had not been able to hear the rumbling of wagons over the paved street. Ten days

after taking the first dose of teucrium he called for more, stating that his hearing had much improved; he could hear ordinary conversation, and the ticking of a clock was audible at a distance of thirty feet.

The first patient has been lost sight of for the present; the second discontinued the medicine, until recently, because, as he believed, it produced headache.

The botanical history of teucrium marum, kindly furnished by Prof. H. H. Babcock, is subjoined:

"*Teucrium Marum*, W., or cat thyme, is an evergreen shrub, eighteen inches high, a native of Spain, whence it was introduced into England in 1640. It blooms in July or August, producing pale, purple flowers. The recent leaves, when crushed, emit an aromatic odor, causing sneezing, but are bitter to the taste, whence the specific name from the Arabic, *Mar*, bitter. Cats are very fond of the plants, eating it with avidity. About fifty species of *Teucrium* are known, one only native of America, the *T. Comadense*, L., common throughout the United States, abundant near Chicago, and now in bloom."

The following account of the medicinal properties and uses of teucrium is taken from that admirable pharmacologia, Lessing's *Heilmittel Lehre*, Ed. 1844. It comprises all the information concerning the properties of the article which has fallen under my notice:

"Teucrium Marum is an unjustly neglected remedy, which by the older physicians was held in great repute as a fine volatile stimulating and anti-spasmodic nervine. It especially restores tone to the sensory ganglia, its salutary effects seeming to be specifically directed to the sensorium proper, so that while other articles of its class cause slight headache, this alone removes cephalalgia, when of a purely nervous character. The older physicians gave it in diseases of the respiratory organs; in spasmodic asthma; in difficult expectoration; in tracheal croup, and even in dropsical affections of the chest accompanied by serious nervous complications. They also used it in milder forms of typhus fever, in syncope, and nervous apoplexy. It is now for the most part limited to external use, and particularly to the treatment of diseased formations of the nasal mucous membrane, and polypi. In such cases it has been used as a sternutatory by Mayer and Kleeman with the best results."

The upper flowering stems and the leaves are used.

Dose, and mode of administration: Internally, seldom, one scruple to one drachm, in powder.

An infusion may be made in the proportion of half an ounce to an ounce to six or eight ounces of water. And as a decoction, three drachms to three cupsful of water.

Externally, as a sternutatory, a pinch of the powder may be taken from three to five times a day.

The doses of the infusion and decoction are not given, they may be deduced from that of the powder.

The tincture used by myself was made by macerating one part of the plant in ten of proof spirits.

SURGICAL CASES IN MERCY HOSPITAL.

Service of Prof. Andrews.

STONE IN THE BLADDER.

J—— C——, aged nine years, has been affected for two years with inflammation of the bladder. He was admitted in a state of exhaustion, and with the penis partly covered with large pustules. After a few days' tonic treatment and rest, a sound was introduced and a calculus discovered. The second day after he was etherized and the stone removed by the lateral operation. It proved to be a fine mulberry calculus (oxalate of lime) about one and a quarter inches in diameter. At the tenth day after the operation the boy is walking about, and seems out of danger.

EXSECTION OF THE SHOULDER.

B—— B——, a colored sailor, entered with a chronic ulceration, and fistula on the right shoulder. From the general appearance it was believed that the upper portion of the shaft of the humerus was carious, yet the

length and tortuousness of the fistulous tracks was such, that it was impossible to obtain positive proof by the probe. The shoulder joint had a certain amount of motion which was painless and free from any trace of crepitus even upon pressure. From this fact it was hoped that the joint itself was not involved.

The patient was etherized and an exploratory incision made for the introduction of the finger. The digital touch showed that the whole upper extremity of the humerus, joint included, was carious. The incisions were therefore extended freely and three and a half inches of the bone excised. In doing this, care was taken to preserve the periosteum, so as to favor the reproduction of the bone. The articular surface of the scapula also partook of the caries, and was freely trimmed with the gouge. The wound was treated with antiseptic dressings, and did well. It is now about five weeks since the operation, and the patient is able to walk about, and amuses himself by sweeping his own room.

CARIOUS ANKLE HEALED WITHOUT OPERATION.

W—— R——, a laborer, received a crushing injury from the fall of a quantity of brick, which produced a bad comminuted fracture of the lower part of the tibia and fibula. From the ankle joint three or four inches upward the bones were reduced to numerous small pieces like a bag of broken stones. Adjustment was very difficult, on account of the impaction of some of the sharp and displaced fragments, but was accomplished at last under the influence of ether. Cold water and ice bags were freely used to combat the inflammation, and after a few weeks the patient left the hospital with a union, but the bone weak and inflamed. About three weeks after he was brought in again with a foul discharging abscess of the ankle joint, a severe erysipelas of the foot and leg, and great prostration, accompanied with a muttering delirium, and symptoms of septicæmia. The probe showed that the whole ankle joint was in a condition of caries.

As he was so weak that I believed the shock of an amputation would be fatal, I determined to see if he could not be improved in his condition before operating. For this purpose he was given tincture of iron and quinine freely. The erysipelatous surface was washed every three hours with the following lotion:

℞ Zinci chloridi, ʒ j.
Acid carb. cryst. ʒ ij.
Aquæ, f ℥ x.
Misce.

For the joint, full antiseptic treatment was resorted to, that is to say, all the fistulas were thoroughly injected twice a day with a solution of carbolic acid, ten grains to the ounce, and the orifices were sealed by laying on them cotton compresses dipped in

℞ Ol. ricini, f ℥ x.
Acid carbol. cryst. ℥ j.
Misce.

The patient responded finely after a few days of anxious doubt. The suppuration was reduced to a small serous discharge, the erysipelas subsided, and the patient turned back from the edge of the grave. Finding that the vigor was steadily on the increase, I postponed the amputation from week to week, so as to have him in as good a condition as possible, keeping up all the treatment. At the end of about ten weeks the fistulas were completely healed, and all signs of caries obliterated. The joint of course was anchylosed, and the patient was cured without operation.

I previously cured a carious elbow in the same way, but the progress was slower, occupying a portion of ten months. It should not be imagined, however, that this attempt would always be successful. The shoulder joint, whose excision is mentioned above, was treated for some time in the same way, with the effect of reducing the suppuration, but accomplishing no healing, and the operation became a necessity, but the splendid success of the plan in the two cases of the elbow and the ankle show that results of the utmost importance can sometimes be obtained by full antiseptic treatment.

SENILE GANGRENE, AMPUTATION, DEATH.

Mrs. ——, aged eighty years, lost the lower half of the right leg some time ago, by senile gangrene, for which the member was amputated. She was now admitted with the same trouble in the remaining leg. Her extreme age and exhaustion seemed to render amputation hopeless. She was therefore placed on the use of tonics, etc., and the mortified limb was infiltrated with a ninety-five per cent. solution of carbolic acid, introduced at numerous points by means of a hypodermic syringe, to prevent decomposition. Under this treatment she improved so much that I ventured to amputate five inches below the knee. She proved too weak, however, and died the fourth day, of exhaustion.

CONCEALED VARIX.

Mary H—— was admitted for a moderate sized ulcer upon the front of the leg. After treatment in vain several months by every possible method, including skin grafting, I determined to cover it by flaps brought in from either side. The patient was etherized, the ulcer dissected out, and the flaps brought in. The operation revealed the fact that there was in the deeper parts of the fatty tissue a perfect network of enlarged veins, which gave no signs of their existence to external inspection. These vessels had walls thicker than ordinary arteries, and were so numerous that the cutting of two flaps each an inch and a quarter long in the skin and superficial fascia proved an exceedingly bloody operation. There has not been time enough yet to see the result, but it is an extremely interesting question, whether certain chronic ulcers are due to concealed varices beneath their floors.

PHYSIOLOGICAL ACTION OF CRYSTALLIZED ACONITINE.

Duquesnel, the distinguished French Pharmacist, has recently published, in the *Journal de Pharmacie et de Chimie*, an article on the active principle of aconite.

The "aconitine" obtained by chemists hitherto, with one exception, has been, according to Duquesnel, an amorphous article of uncertain strength and composition. The true, active principle of aconite, is crystallized aconitine, as obtained by him.—[See Duquesnel's process in the *Chicago Pharmacist* for July.]

The following article of MM. Grahant and Duquesnel, which we translate from the *Journal de Pharmacie et de Chimie*, contains a highly interesting demonstration of the physiological effects of true aconitine.

For the purpose of studying the physiological action of crystallized aconitine, we prepared a solution containing 1 milligramme to the cubic centimetre of water, and made the following series of experiments on the frog:

First experiment: We injected under the skin of the back of a frog by means of a Pravaz syringe, ½ of a milligramme (8-10,000 of a grain) of aconite. At first the animal was agitated, the head drooped forward on the thorax; thirty minutes after the injection of this feeble dose of poison, the exposed sciatic nerve had completely lost its motor excitability; whilst the muscles of the thigh acted promptly under induced currents. Upon laying open the thorax, the heart was observed to beat regularly.

Second experiment: The Gastrocnemius muscle of the frog was dissected off, the sciatic nerve being left attached to the muscle. This muscle was placed in a watch-crystal containing a solution of aconitine, 1-5 of a milligramme to the cubic centimetre; the nerve being suspended out of the fluid. In another glass the sciatic nerve of a second leg prepared as the first, was immersed in a solution of the same strength, while the muscle was kept from contact with the fluid; the preparations were covered with a dampened bell-glass; after a time, the nerve in the first preparation had completely lost its excitability; whilst in the second preparation the muscles responded promptly to the excitation of the nerve. Aconite then destroys the motor power of a nerve by acting through its peripheric terminations.

Third experiment: Before poisoning the

animal, the circulation of one of the posterior members was cut off. All the motor nerves which received the poisoned blood, lost their physiological power; whilst the nerves of the leg, in which the circulation was arrested, continued perfectly excitable. It was observed that sensibility remained as long as muscular excitation through the motor nerves was possible.

These experiments made after the method of Claude Bernard, seem to establish the fact that in small doses the physiological effects of aconitine are analogous to those of curarine. Aconitine like curare exerts its first effects on the motor nerves.

Finally we made another experiment which, at first, puzzled us: We had injected into a frog one milligramme of aconitine, that is, a dose twenty times as large as those used in the former experiments; we were greatly astonished to observe that the animal retained, for a very long time, the excitability of the motor nerves, and that convulsive movements were continually made; but afterward, in opening the thorax, we recognized that the ventricle of the heart was completely stilled, while the auricles alone were feebly contracting. We then conceived the idea, that the posion, when thus administered in a strong dose, was competent to arrest primitively the heart's action; a result which would have the effect of preventing the absorption of the poison [through the circulation]. Experiment fully coroborated this hypothesis. A frog was disposed under the microscope for the examination of the interdigital membrane: one milligramme of aconitine was thrown under the skin; at the expiration of one and a half minutes, the circulation in the arteries was considerably abated; in three minutes it was completely arrested. Upon opening the thorax, the ventricle was motionless. The nerves of the brachial plexus were found excitable, but a little less so than the lumbar nerves, which retained almost entirely their normal excitability. The action of the heart being arrested, the poisoning could only take place by imbibition. With mammals, the toxic phenomena of aconitine are much more rapid, and much less easy of analysis. We have injected into a rabbit one milligramme of aconitine, and then kept up artificial respiration; at the end of half an hour the sciatic nerve no longer determined contractions in the muscles of the leg, which nevertheless preserved their contractility.

RESULT OF THE LATE MICROSCOPIC OBSERVATIONS UPON SYPHILITIC BLOOD.

BY EDMUND ANDREWS, M. D.,
Professor of Surgery in Chicago Medical College.

Some years ago, Dr. Saulsbury, of Cleveland, Ohio, gave out that he had discovered certain microscopic corpuscles in the blood of syphilitic patients, which he believed to be peculiar to that disease, and the cause of its symptoms. But little discussion or examination was elicited by this announcement, and the supposed discovery fell stillborn on the world. During the present year, Dr. Lostorfer of Vienna, read a paper before the Vienna Medical Society, in which he announced a similar discovery, but without giving Dr. Saulsbury, so far as I can learn, any credit for his priority. Probably the whole American discussion of the subject was unknown to the surgeons of Vienna. Professors Stricker and Hebra, both eminent men, at once gave in their adhesion to Dr. Lostorfer's views, and some Americans studying in Vienna, enthusiastically reported the discovery to one or two of our Atlantic medical journals, thus launching it a second time before the American profession.

Dr. Lostorfer's observations were made as follows: A very small drop of the blood was placed on a slide and covered in the usual manner with a thin slip of glass. The whole was kept for a day or two in a warm, moist place. If such a slide is examined from time to time with a No. 10 Hartnack's immersion lens, it will be found to present numerous minute vesicles in rapid motion, which gradually acquire a considerable size, sometimes nearly equalling the blood corpuscles. Dr. Lostorfer thought he saw signs of reproduction by germination.

At this stage of the discussion the distinguished Dr. Kobner took up the matter and spent three weeks in a careful series of experiments. Lostorfer had claimed that these vesicles were found only in syphilitic blood, and that the disease could be diagnosed by their means, but Kobner found them in blood from persons affected with lupus, eczema, acne, small-pox, and also in the blood of persons perfectly free from all disease. He found that by placing the slide in a warm moist receiver, he could cause the vesicles to appear within two hours, and by numerous experiments showed with apparent conclusiveness that they had nothing whatever to do with syphilis. This result therefore deprives the discovery of the corpuscles of all value as a means of diagnosing syphilis, and assigns to Dr. Saulsbury the doubtful honor of priority in making a blunder.

Clinical Reports.

CLINICAL CASES AND INCIDENTS.

BY N. S. DAVIS, M. D.

Every physician in active practice meets, now and then, cases of a unique character, requiring for successful treatment either unusual remedies or new modes of using ordinary ones. The special peculiarity of such cases may depend on some permanent idiosyncrasy of the patient, or the interposition of some temporary mental or physical condition that modifies, for the time being, the susceptibilities of the patient. They are pre-eminently the cases that baffle and annoy the inexperienced and the routine practitioner.

It may help some of our readers out of a dilemma, and aid in relieving their patients from suffering, to place before them the following clinical facts :

Case 1.—Mrs. B., a middle-aged woman, mother of a family, living in the south part of the West Division, was attacked severely with what is usually styled "bilious colic." She sent immediately for Dr. L., her family physician, who during three or four days exhausted his skill in vain for her relief. He tried successively anodynes, fomentations, cathartics, enemas, etc.; but the stomach of the patient soon became irritable, and everything taken was speedily rejected by vomiting, while enemas returned without any fecal discharge. In the meantime the abdomen had become very largely distended and tympanatic, tender to the touch ; the extremities cool ; pulse small, quick, and weak ; respiration irregular, and occasional sighing ; frequent retching and vomiting ; with great restlessness and prostration. At this stage in the progress of the case I met the attending physician in consultation. It was evident that the case had arrived at a critical stage, and must be relieved soon, or the patient would be lost.

As the attending physician had just commenced a new prescription, it was agreed that it should be continued for two or three hours longer, when, if no relief was obtained, an infusion of tobacco should be used as an enema. The specified time passed without any degree of relief to the patient, and Dr. L. had one drachm of chewing tobacco put into one pint of boiling water, and when cool enough, about one-half the quantity was injected into the rectum as an enema. Within twenty minutes the patient became free from all pain. The countenance turned pale, accompanied by a sense of faintness ; and there speedily followed a very copious evacuation of the bowels. The evacuation did not cease until the intestines were thoroughly emptied. She soon rallied from the sense of exhaustion, and improved rapidly for three or four days, when the intestinal obstruction again returned, with a renewal of pain, abdominal distension, quickness of pulse, and vomiting. The attending physician again administered the infusion of tobacco as an enema, which speedily induced very large fecal evacuations and entire relief to all the bad symptoms. This time the relief was permanent, and the patient fully recovered, and has remained well since.

It is more than thirty years since we gave the infusion of tobacco, the first time, for relieving dangerous obstruction of the bowels,

produced by irregular contraction of the muscular coat of the intestines.

The disease had been induced, apparently, by eating a large quantity of popped corn, and walking about three miles, carrying a baby only two weeks old.

On the same night after the long walk, she was attacked with severe pain in the abdomen, which was followed by all the symptoms attributed to "bilious colic." A very intelligent physician in the neighborhood was called and attended the case faithfully for six days, but failed to afford the patient any relief. Being on a visit to my brother, who resided in the same neighborhood, we passed the house of the sick woman together on our way to the adjoining town. Being recognized by a member of the family, we were stopped and requested to see the patient. We learned that the attending physician had been in a short time previous, had informed the family that further treatment was useless, and had left to visit other patients several miles distant. We found the patient presenting a haggard expression of countenance; cool extremities; a small, quick and weak pulse; the abdomen more distended than before her confinement, very tympanitic, and tender to pressure; prompt rejection of everything she took, with frequent retching; and mind wandering. The condition seemed fully to justify the unfavorable prognosis which had been given by her physician. Although far from my own home, and without any medicine, it occurred to me that there was still a probability that the powerful relaxing effect of tobacco might relieve the intestinal contraction and procure evacuations in time to save the life of the patient. Finding some chewing tobacco in the house, what was thought to be about one drachm was put into a pint of water boiling hot. It was stirred up frequently until it was no more than milk warm; then one-half of the infusion was injected into the rectum as an enema. We stepped out to look about the farm a little and to while away the time until the result was obtained. In twenty or thirty minutes a messenger came running after us, saying the patient was dying. We hastened in, when we found the family gathered around the bed, the patient as pale as a corpse, breathing slow and still, pulse a mere thread but slower, and the mind like one in a trance. The condition of the breathing soon satisfied us that she was not dying, and in ten minutes more an active rumbling was heard in the abdomen, quickly followed by a copious evacuation from the bowels. Several evacuations occurred in the next few hours, and in the fœces was easily recognized a quantity of the popped corn, wholly undigested, that she had eaten the week previous. Soon after the evacuation of the bowels, she rallied from the sedative effects of the tobacco, her stomach ceased to be irritable, and she retained bland nourishment. During the next twenty-four hours, the bowels moved so frequently as to require small doses of morphia to allay the irritability of the mucous membrane, but she subsequently progressed steadily to complete recovery. From that time to the present we have occasionally resorted to tobacco enemas for the removal of obstinate intestinal obstruction, not dependent on invagination, and generally with success. It is, however, a remedy of extreme power, and should be used with corresponding caution.

Case 2. Mrs. M——, after exercising more than usual for two or three days, was attacked during the night with severe pain in the left iliac and hypogastric regions, accompanied by constipation. She had also had a miscarriage not more than three weeks previous. The pain was exacerbating and very severe, extremities cool, and pulse small and quick, but neither much tenderness nor distension of the abdomen. A physician was called during the night, who endeavored to allay the severe paroxysms of pain by suitable doses of morphine. This afforded partial relief for a few hours but was soon followed by secondary nausea, and the prompt rejection of everything taken into the stomach.

In the meantime the pain in the lower part of the abdomen and back remained unabated. Most of the succeeding day was spent in efforts to allay the pain by anodynes, and

enemas were given for procuring evacuation of the bowels, but with no relief to the patient. At evening, about twenty hours after the commencement of the attack, I was requested to see her. Her countenance was dejected; skin cool; pulse small and quick; lower part of the abdomen rather full and tender to the touch; urine scanty, and its passage painful; no movement of the bowels; and constant nausea with restlessness. Being satisfied that the pain was dependent mostly on uterine irritation, and that no preparation of opium would be tolerated even by subcutaneous injection without perpetuating the nausea and vomiting, she was advised to desist from all remedies by the mouth, and to have an enema of hydrate of chloral 20 grs., tincture of belladonna 20 gtts., in half a teacupful of water, slightly warm; and to repeat the same in one, two or three hours, as the pain might indicate.

Fomentations had already been applied over the abdomen, and they were continued. On visiting the patient the following morning, we learned that the first enema of chloral and belladonna was retained, and in half an hour the patient was so far relieved that she slept quietly, and continued to do so for two hours or more. In about three hours she had a slight passage from the bowels made up in part of the enema, and some pain following it. Another enema of the same materials was given. This again quieted her so far as to procure rest for the remainder of the night. In the morning we found her pupils moderately dilated; mouth dry, and face suffused with redness, evidently from the effects of the belladonna in the enemas. In all other respects she was much better. She was advised to rest quiet, take a teaspoonful of nitrous ether in a little water every three hours, to increase the action of the kidneys, and if the abdominal pains returned, to use an enema containing only half the quantity of chloral and belladonna that was used before. She had felt no nausea since the first enema. During the next twenty-four hours she had three additional enemas of the smaller quantity directed; the effects of the belladonna on the pupils and throat gradually disappeared, and the patient recovered with but little additional medication.

Case 3. Mr. R——, a young man, who was just recovering from a severe attack of inflammation in the right iliac region, resulting in the formation of a large internal abscess, but which had been entirely healed for ten days, was attacked suddenly and severely with pain in the region of the segmoid flexure of the colon. He had rode out during the day and exercised more than at any time previous since the beginning of his sickness. In the middle of the night he began to have disturbance of the bowels, three evacuations occurring in quick succession, and leaving him with intense pain in the left iliac region. No further evacuations occurred, and though warm fomentations were applied externally and an anodyne taken internally, the pain continued without abatement and I was called early in the morning. Knowing from previous trials that any of the preparations of opium would be followed by secondary nausea and persistent vomiting, it was very desirable to avoid their use, and yet the severity of the pain without fever, rendered an efficient anodyne influence highly important. He was directed to have an enema of slightly warm water, half a teacupful, containing twenty grains of hydrate of chloral and twenty pwts. of tincture of belladonna; and if not relieved in one hour, to repeat the same with the addition of twenty drops of the tincture of opium. The first enema not affording much immediate relief, took the second as directed, which relieved the pain so fully that he slept some and rested well for twenty-four hours. Fearing that the attack might result in inflammation and suppuration similar to what had occurred in the opposite side of the abdomen, he was kept at rest for several days. No bad symptoms followed, however, and he needed but little further treatment.

Dr. R. W. Taylor has been appointed Clinical Professor of Diseases of the Skin at the Woman's Medical College, New York.

THE
MEDICAL EXAMINER.
A Semi-Monthly Journal of Medical Sciences.
EDITED BY
N. S. DAVIS, M. D., AND F. H. DAVIS, M. D.

Chicago, August 1st, 1872.

EDITORIAL.

THE CHICAGO MEDICAL REGISTER AND DIRECTORY FOR 1872-3.—Published subject to the revision of the following Committee: Dr. J. W. Freer, President Rush Medical College; Dr. N. S. Davis, President Chicago Medical College; Dr. W. H. Byford, President Women's Hospital Medical College; Dr. G. C. Paoli, President Chicago Medical Society; Dr. D. B. Trimble, President Chicago Association of Physicians and Surgeons; Dr. D. W. Young, President Illinois State Medical Society.

Edited by Dr. T. Davis Fitch, Permanent Secretary Illinois State Medical Society, 296 West Monroe Street, and Dr. Norman Bridge, 267 West Monroe Street.

This volume will be issued about October 1st, 1872, and will contain about five hundred pages. It will describe the character, object, and field of operation of the hospitals, infirmaries, dispensaries, charitable institutions, and asylums of the entire State of Illinois. Also, the medical and other scientific societies and associations, with full lists of membership. It will contain, also, announcements of the schools of medicine and Pharmacy. Full directions are given respecting the means of reaching and obtaining the benefits of these various institutions. Full information is given to medical students regarding the colleges, their location, the curriculum of studies, the fees, and requirements for graduation. There is given a list of physicians, in good standing, in Chicago and vicinity, and in the larger towns of the State, with residence, office, and office hours; also, a list of dentists, regularly graduated as D. D. S. or M. D., or who are members of a dental Society; also, a list of veterinary surgeons, who are regularly educated.

The *Register and Directory* will be mailed free of postage on receipt of $2.00. The issue will be limited to 5,000 copies, and will be supplied to subscribers only. Address *Medical Register*, 296 West Monroe street, Chicago, Illinois.

It will be seen by the above circular that Doctors Fitch and Bridge have undertaken the task of preparing and publishing a Medical Register and Directory.

Such publications have been found exceedingly convenient and useful to the profession in the cities of New York, Philadelphia, Washington, etc.; and we are glad that the work has been undertaken in this city.

We think the profession can rely fully on the faithfulness and good judgment of Drs. Fitch and Bridge, and we hope they will receive promptly all the aid they need.

CHICAGO COLLEGE OF PHARMACY.—We have received the sixth annual announcement of this institution, and take pleasure in commending it to such of our readers as are interested in Pharmacy.

The faculty, fees, time, and duration of lectures are as follows:

Faculty: Chemistry—Prof. N. Gray Bartlett, 108 Cottage Grove Avenue; Pharmacy—Prof. James W. Mill, 133 S. Halsted Street; Materia Medica and Toxicology—Prof. D. B. Trimble, 119 Twenty-second Street; Botany—Prof. Henry H. Babcock, 11 Eighteenth Street.

Lecture Fees: Matriculation Ticket paid but once, $2.00; Lecture Tickets (per session), including all branches taught, $36.00; Diploma, $5.00.

The lectures of the course will be given in the college rooms, 77 Dearborn Street, commencing on the first Wednesday in October, and continuing over a period of twenty-one weeks. During the holidays there will be an intermission of one week.

The lectures will be given on Monday, Wednesday and Friday afternoons.

Prof. Bartlett will deliver the introductory address on Wednesday evening, October 2d.

Gleanings from Our Exchanges.

THE USE OF PEPSINE IN THE DIARRHŒA OF INFANTS.

We make the following extract from a pamphlet on this subject by James S. Hawley, M.D., of Brooklyn, N. Y.:

We have now briefly noticed, in outline, the first two conditions of treatment, viz.: the removal of external causes of irritation, and the allaying of the morbid excitement which has sprung from their agency; and it may be asked if the natural functions will not now resume their offices, and the health of the patient be restored. Doubtless such would be the case did not the system labor under the combined effects of the transition state of dentition, and the impairment of strength due to the morbid causes above enumerated, and for which the correctives have been proposed. But the circle of remedies is not yet complete. The keystone of the arch is wanting, and, if left thus incomplete, will tumble back into the disorder and confusion from which it has been raised. The *ingesta* themselves become, for want of digestive and assimilative power, irritants to the sensitive and debilitated organs. Instead of affording nutriment to fortify the system against the dangers of the crisis through which it is passing, the food going through the intestinal canal in an undigested form, becomes, itself, an irritant, and adds another morbid cause to those already existing. This is not all; the food does not always remain a simple, foreign substance, inducing irritation, but undergoes putrifactive decomposition, adding new and more active sources of disease.

Here, then, is the gap in which we are to stand. And what are the weapons we are to use? Tonics and stimulants, as indispensable as they often are, here become awkward and doubtful. They are indirect and secondary —whips to stimulate lagging energies, and not power to perform the labor or lift the burden. Here the happy thought of Corvisart comes to our relief. The very function which is crippled, we can replace; the very strength which is exhausted, we can supply. By the administration of pepsine, we at once convert the ingesta into nutriment. They not only cease to be irritants to the digestive organs, but are absorbed into the circulation, and become sources of power instead of weakness.

Now we have fulfilled all the indications. First, to remove all sources of irritation from the quantity or quality of the ingesta, or change of temperature. Secondly, allaying irritation by sedatives. Thirdly, artificial digestion by the administration of pepsine. This simple but effective treatment is not new, but has more than once been presented to the profession for its approval.

In support of its efficacy, especially that portion which relates to artificial digestion, and which the paper is particularly intended to illustrate, a number of cases are brought forward, of which the two following are samples:

Case 8. July 28th. D. N——, an infant two weeks old, said to have been born in a plump and healthy condition. Its present state is one diametrically opposite. Its face is thin and skinny, exhibiting painfully the bony outline. It has thin, muddy, but not frequent alvine discharges, and vomits whatever it swallows, even to half a teaspoonful of its mother's milk. It lies stupid, with its eyes closed, and refuses the breast. It also has an intense muguet. In this extremity I ordered three grains of pepsine to be given every three hours, and half a teaspoonful of the mother's milk to be administered with great frequency. The following morning I found the mother, through utter hopelessness, had greatly neglected my directions. It was only through much persuasion, and the cooperation of a friendly neighbor, that she was induced to pursue the treatment. During that day the vomiting ceased, and on the following day the child took the breast and retained and digested its nourishment. From this day it steadily improved in condition, and its diarrhœa and muguet disappeared.

On the 8th inst., one week after my last visit, I was called to see its mother, and could hardly have recognized the infant which so lately had seemed in the last stage of inanition. Its face had acquired a comparative fullness, its color was restored, it nursed well and freely, and seemed as likely to live and thrive as any infant. This child was simply starving to death. What led to its condition of inanition I could not satisfactorily learn, but its state seemed most hopeless. This case illustrates, in a remarkable manner, how little assistance will restore the digestive faculty to its normal activity, and enable it to perform its functions unassisted.

Case 9. Christian Schwindt, aged 2½ years. The child has been suffering about six months from diarrhœa, and has become

extremely emaciated and pallid. His food is passed undigested soon after ingestion. He has been under treatment during the greater part of his illness, without success, and one of his medical attendants had pronounced the case incurable.

I ordered 15 grs. of the Am. Pepsine every time food was taken. The stools immediately began to show less undigested food, and the diarrhœa to abate. In four or five days the diarrhœa ceased, and flesh began to return to the emaciated frame.

At the time of making this note, one month after the administration of the pepsine, he is in perfect health.

Another great advantage arising from the use of pepsine in this disease, has been rendered apparent by a careful comparison of cases treated by the most approved method in vogue some eight years ago. The medical gamut was then sedatives, opiates, astringents, tonics. It yielded good results, but the cases were a long time in getting well. There came a period when the pernitrate of iron and the salts of quinia seemed almost powerless. This might be the third week or the third month in the disease. There was no particular irritation of the stomach, but unless the astringent was given with great regularity and in augmented doses, the discharges still continued. In these protracted cases the gastro-intestinal system seems but a passive tube, through which the food passes pretty much as it entered the mouth, giving but little nourishment to the patient and much annoyance to the atonized viscera. In these cases pepsine is very clearly indicated, and will slowly, but quite certainly, aid in the digestion of judiciously selected nutriment, until the system can recuperate sufficiently to manufacture its own pepsine, when the artificial substitute can be withdrawn.

The annexed cases are selected from several given in illustration:

Case 4. July 1st. —— Brush, 18 months old. Severe Diarrhœa.

℞ Pulv. Opii gr. i. Bismuthi Sub. nit. ʒ i. M. et pulv. f. No. xii; S one every three hours.

July 2d. No better. Continue previous prescription.

July 3d. No better.

℞ Am. Pulv. Pepsine ʒ ss. Bismuthi Sub. nit. ʒ i. Pulv. Opii gr. ss. M. et pulv. ft. No. xiii; S one with food every three hours.

July 5th. Much better, and in two days well. Mother informed me three months later that the baby had had several attacks of diarrhœa since, but "a few of those last powders cured him without our needing to send for you."

Case 5. Called July 2d, 9 A. M. —— Creighton, age 2 years. She has been vomiting and purging severely all night.

℞ Am. Pulv. Pepsine. Bismuthi Sub. nit. aa ʒ i. M. et pulv. ft. No. viii.; S one every three hours, with beef tea.

3 P. M. Vomiting ceased, but much pain and diarrhœa. Added 1 gr. of ipecac, ⅛ gr. of opium to each powder, and ordered half one to be given every hour.

9 P. M. Better, but pain and frequent passages. Ordered 1 drop Tinct. Opii twice in night, and one-half powder every three hours.

July 3d, 9 A. M. Better, only two passages in 16 hours. Continue the first powder and give 1 drop of Tinct. Opii after each evacuation.

July 4th. Quite smart, but diarrhœa still keeps up a little. Renewed the first prescription; had no need for any other medicine. Perfectly well in two days.

THE YOUNG DOCTOR.

We clip the following characteristic bit of description from Oliver Wendell Holmes' story, "The Poet at the Breakfast Table," in the *Atlantic Monthly*, March, 1872:

The young Doctor has a very small office and a very large sign, with a transparency at night big enough for an oyster-shop. These young doctors are particularly strong, as I understand, on what they call *diagnosis*—an excellent branch of the healing art, full of satisfaction to the curious practitioner, who likes to give the right Latin name to one's complaint; not quite so satisfactory to the patient, as it is not so very much pleasanter to be bitten by a dog with a collar round his neck telling you that he is called *Snap* or *Teaser*, than by a dog without a collar. Sometimes, in fact, one would a little rather not know the exact name of his complaint, as if he does he is pretty sure to look it out in a medical dictionary, and then if he reads, *This terrible disease is attended with vast suffering and is inevitably mortal*, or any such statement, it is apt to affect him unpleasantly.

I confess to a little shakiness when I knocked at Dr. Benjamin's office door. "Come in!" exclaimed Dr. B. F. in tones that sounded ominous and sepulchral. And I went in.

I don't believe the chambers of the Inquisition ever presented a more alarming array

of implements for extracting a confession, than our young Doctor's office did of instruments to make nature tell what was the matter with a poor body.

There were Ophthalmoscopes and Rhinoscopes and Otoscopes and Laryngoscopes and Stethoscopes; and Thermometers and Spirometers and Dynamometers and Sphygmometers and Pleximeters; and Probes and Probangs and all sorts of frightful inquisitive exploring contrivances; and scales to weigh you in, and tests and balances and pumps and electro-magnets and magneto-electric machines; in short, apparatus for doing everything but turn you inside out.

Dr. Benjamin set me down before his one window and began looking at me with such a superhuman air of sagacity, that I felt like one of those open-breasted clocks which make no secret of their inside arrangements, and almost thought he could see through me as one sees through a shrimp or jelly-fish. First he looked at the place inculpated, which had a sort of greenish-brown color, with his naked eyes, with much corrugation of forehead and fearful concentration of attention; then through a pocket-glass which he carried. Then he drew back a space, for a perspective view. Then he made me put out my tongue and laid a slip of blue paper on it, which turned red and scared me a little. Next he took my wrist; but instead of counting my pulse in the old-fashioned way, he fastened a machine to it that marked all the beats on a sheet of paper—for all the world like a scale of the heights of mountains, say from Mount Tom up to Chimborazo and then down again, and up again, and so on. In the mean time he asked me all sorts of questions about myself and all my relatives, whether we had been subject to this and that malady, until I felt as if we must some of us have had more or less of them and could not feel quite sure whether Elephantiasis and Beriberi and Progressive Locomotor Atxay did not run in the family.

THERAPEUTIC ACTION OF THE VARIOUS MODIFICATIONS OF THE GALVANIC CURRENT.—An article by Dr. Leon Le Fort has appeared in recent numbers of the *Gazette Hebdomadaire*, recommending the substitution of weak continuous currents for continued strong or temporary currents in the treatment of paralysis, muscular contractions and failures of nutrition; and gives the following summary of the relative values of the various modifications of the galvanic current as a therapeutic agent, as at present understood:

"The induced currents, such as are obtained with the apparatus of Duchenne (of Boulogne) and all the other apparatuses used in medicine, appear to be above all useful in exciting artificial movements in muscles over which the will has no control. They prevent simple atrophy, and can also prevent fatty atrophy; placing the muscles in a state of power to obey, later, the commands of the will whenever regeneration shall have taken place in the nervous elements which have become altered or destroyed. It is by this kind of fibrillar gymnastics that they influence the muscular nutrition.

"Perhaps, also, by the excitation which they produce, they can arouse nervous action.

"But there are cases in which these contractions cannot be awakened by the induced currents while continuous currents produce them. The anatomical and physiological conditions of these phenomena are still veiled in much obscurity, but, in brief, it is understood that these currents have only a mechanical action (muscular gymnastics), being useful in the same manner as induced currents, and should be employed in their stead, whenever induced currents are without action. In order to obtain these contractions, one is obliged to make use of currents of strong tension produced by batteries of numbers of elements, such as those employed by Remak, MM. Onimus and Legros.

"Continuous currents which are powerful have a marked action on nutrition; an action which appears to be direct and which shows itself in arresting fatty degeneration by the more rapid reproduction of anatomical elements, and by accelerating the absorption and decomposition of tissues.

"The sedative action of continuous currents, so useful in cases of neuralgia, is even more remarkable in cases of muscular contractions. Induced currents, on the other hand, are more harmful than useful. Now in cases in which it is desired to act upon nutrition—that is to say, upon continuous phenomena, incessant but slow—it appears to me that it would perhaps be advantageous to employ feeble but permanent currents. Experience has justified my predictions as regards paralysis and contractions—will it also be as happy in relation to purely nutritive phenomena? I think not. I have undertaken trials of it in cases of opacities of the crystalline lens, atrophy of the ocular membranes, and it is evident that in these cases one cannot employ strong currents.

"Scientifically, although it may be premature to establish precise indications in a sub-

ject still under study, I think I can say that in incomplete paralysis, whenever the induced current can produce muscular contractions, it is necessary to employ induced or interrupted currents.

"In incomplete paralysis, above all if it is the commencement of atrophy, and in complete paralysis in which the current only awakens contractions, it is necessary to employ continuous currents and to use a number of cells whenever it is wished to produce immediate contractions.

"But in all cases of paralysis with simple or fatty atrophy, above all, cases of atrophic reflex paralysis, or in those which are consequent upon a contusion; in all cases when it is desired to favor nutrition of the muscle, it is necessary to employ feeble currents which are permanent or continued for a long time.

"Finally, in all cases of contraction, or paralysis with contraction, feeble and permanent currents should be employed."

The simple apparatus recommended by Dr. Le Fort for the production of a feeble continuous current, and known as the Trouve battery, consists of a common drinking glass, at the bottom of which lies the end of a spiral of copper wire; and a wire of zinc twisted into a knot at its two extremities. One serving for the element, the other to make connection with the adjoining cell. The central wire of copper is isolated from the zinc, and from the column of liquid by a tube of rubber, or of glass, or simply by an oil-varnish. This wire supports the washer of copper which receives the oxide of zinc and prevents its being deposited at the bottom of the vessel on the copper. The glass is to be filled with ordinary water to which have been added several crystals of sulphate of copper, and the apparatus is in condition to work.—*Medical Record.*

On the Treatment of Ingrowing Toe-Nail.—Forty years since, when I was an assistant, a young farmer one day came to the surgery, and was operated upon for an ingrowing toe-nail. This was done by tearing the nail away. The poor fellow suffered so severely that I was impelled to say, "I will never perform that operation." Of course, in many years' active practice, I have had many such cases under my care; and my invariable mode of proceeding has been to find the edge of the nail with a probe, and then remove the whole of the granulations and hypertrophied cellular tissue on both sides, if requisite. In no case have I been disappointed, or ever had to treat the patient for a return of this grievous complaint. I fully expected that this mode of treatment was general; but my attention has been recently drawn to the case of a fine young man rendered almost a cripple by having both his great toe-nails torn out, leaving the overlapping skin to such an extent as to prevent healing, with the probability of return on the growing of a new nail. This was performed by a surgeon to one of the large metropolitan hospitals, where, I am informed, this mode of treatment is taught. In a clinical lecture by another hospital surgeon, reported a few weeks since in the *Journal*, are the following remarks:

"The common mistake made in this case was to blame the nail; but it was not the nail that was at fault, but the skin surrounding. This became thickened and ulcerated, and grew until the nail was overlapped."

Now the mode of operating which I wish to impress is to remove the offending granulations, instead of the unscientific cruel operation of tearing out the nail. I am aware that other surgeons follow this mode of treatment; and I considered it general until my attention was recently drawn to the case above mentioned.—*Stilwell.—British Medical Journal, July 13th*, 1872.—*The Clinic.*

Jewish Mortality. — According to Dr. Stallard's work on "London Pauperism," the mortality of Jewish children under five years of age is much less than among other children. There is no hereditary syphilis, and scarcely any scrofula. The mother engages in no employment that takes her away from her children. From one year to five the Jews lose only ten per cent., while the Christians lose fourteen. The average life of the Christian is thirty-seven years—of the Jew, forty-nine years. Beyond sixty years, only a quarter of a Christian population will be alive, but a quarter of a Jewish population will exceed seventy-one years. In Prussia the Christian population requires fifty-one years to double itself, but the Jewish population will double itself in forty-one years.—*Medical Record.*

Transfusion.—An account is given in the *Lancet* of three cases in which transfusion of blood was performed; two successful and one unsuccessful. In the latter, the defibrinated blood had been drawn the night before and kept fourteen hours before being used. This does not seem to have had any influence on the result of the case, which was one of exhaustion produced by gastric ulcer. The cases which were successful were those of poisoning by phosphorus and by carbonic acid. In these a quantity of blood was withdrawn, equal to that injected.—*Ibid.*

"Isolating Dressing of Wounds" is the term used by M. Viennois, in a late number of the *Gazette Hebdomadaire*, to indicate a mode of dressing wounds practiced by M. Olliver for a couple of years past, which he believes to be superior in its effects to the water bath as employed by Langenbeck. In cases where it is possible to do so, the part is immersed in a bath of oil, either by laying it into a trough of zinc, or, in the case of amputation, enclosing the stump in a pig's bladder (in the case of larger limbs) which contains a sufficient quantity of oil to completely cover the wound. The oil, he thinks, being of less s. g. than the fluids of the wound, allows them to gravitate to the bottom of the containing vessel, where they are completely separated from contact with the wounded surface. When this process is not applicable, lint or charpie soaked in oil can be applied, and covered with cotton wadding and a bandage.

Fifty(?) per cent. of phenic alcohol can be added, if desired, to the oil, which may be so rendered antiseptic. Union, in small wounds, sometimes takes place by first intention.—*Medical Record.*

Intestinal Erectile Tumors.—Dr. Laboulbene remarks that erectile tumors have been observed on nearly all parts of the skin, on the orifices of mucous membranes, and in several viscera; but no case of erectile tumor of the stomach or intestine has ever, so far as he knows, been recorded.

He has put the existence of such tumors beyond doubt by a recent communication to the Paris Academy. In the case related by him, the seat of the lesion had been diagnosed by the symptoms, and the forecast was corroborated by the subsequent examination, which discovered a spontaneously-ulcerated tumor of the duodenum.

The author draws the following conclusions:—

1. Erectile tumors (angioma) exist in the intestinal canal as well as the external tegumentary surface.

2. Such tumors are developed on the intestinal mucous membrane.

3. They may give rise to fatal hemorrhage.

Tannate and Sulphate of Quinine.—The question of the activity of the former salt has recently been discussed in the Academy of Medicine of Paris, Messrs. Chanfard, Briquet, and others thinking that it is without activity; and M. Mialhe, speaking of the sulphate of quinine, makes the following observation, which is worthy of attention:—

Sulphate of quinine should never be employed as a basic sulphate, but as an acid salt. In this state the sulphate may compete with all other salts the base of which is quinine; for it should be noticed that it is the quinine itself, and not its saline combinations, which is active. The acid serves only as a vehicle for the introduction of the quinine into the blood, where it is set free by means of the alkaline, or earthy bicarbonates which the blood contains, and then its therapeutic action begins. It is a mistake to believe that the sulphate of quinine, when the salt is administered, can be traced in the urine; the salts traced are the acid phosphates of quinine associated with the phosphates of lime and magnesia.—*Ibid.*

Renal Calculi the Cause of Screaming-Fits in Infants.—At a late meeting of the New York Pathological Society, Dr. Jacobi said that the frequency with which stones were found in the kidneys of new-born infants would lead to the conclusion that the origin of calculi was, if not congenital, confined to the earlier weeks of infancy. In forty *post mortems* upon children under six months, made in succession, there were calculi in the kidney in six. He remarked that the violent screaming-fits met with in young infants could often be accounted for on the supposition of the passage of a renal calculus. He had met with two such cases; one he had known to have had several of such screaming-fits, and in the other the stone was cut out and was found to have a very large nucleus of uric acid, pointing most unequivocally to its renal origin.—*Medical Press and Circular.*

American Children.—The foreign element in this country breeds more than double as many children as the strictly American. In the New England States, formerly, every family averaged about eight children. From the best information of the present day, it seems that in the families of the native population in those States they do not exceed three.—*Medical Record.*

A Collection of Pelves.—The Obstetrical Society of London has appointed a committee to form a collection of pelves, illustrative of various points in connection with obstetrics. The Honorable Secretaries to the Pelvis Committee, Alfred Wiltshire, M. D., and Heywood Smith, M. B., state that they will be willing, if desired, to make arrangements as to expense of carriage, casts, models, drawings, photographs, etc., with any society in this country, who may wish to contribute specimens. Their address is at the Society's Library, 29 Regent street, W.—*Ibid.*

Action of Phosphorus on the Bones.—At the Surgical Congress, held at Berlin in April, Herr George Wagner detailed the results of his experiments on the action of phosphorus on the organism, so far as they are of surgical interest. He finds that the fumes of phosphorus always produce periostitis of the jaws and facial bones in animals when the periosteum has been injured; when this membrane has not been injured, this effect is only occasionally observed. Phosphorus vapor also acts as an irritant on the exposed periosteum of other bones, but less intensely than on the jaws. Phosphorus given internally in pills, or in the form of phosphorus acid, affects the bones generally; but the results vary according as the animal is growing or full-grown. In growing animals new bone is deposited in much thicker masses than in the normal state. For instance, at the end of the diaphyses of the joints and at the beginning of the epiphyses of the long bones, the cancellated tissue is replaced by perfectly compact bone; and those parts of the bone which are formed from the periosteum undergo thickening, to such an extent as even to obliterate the Haversian canals. In grown animals the cancelli and the Haversian canals are narrowed; and in the tubular bones the medullary canal is encroached on by an osseous layer, and has even been observed, in fowls, to become completely obliterated. When the bones have been artificially injured by fracture or resection, the effect of the internal administration of phosphorus is to produce a richer and thicker deposit of new bone, presenting, especially after fracture, the character of ivory. The effect on osteoplasis is produced by the daily use of doses so small as not produce any toxic results, even though long continued. The practical question raised by Herr Wagner was, whether these results did not point out that phosphorus might be found useful in osteomalacia and in fractures, and also in caries and rickets.—*Brit. Med. Journ.*, June 15, 1872.

Deaths from Chloroform.—On June 8, an inquest was held at King's College Hospital, on the body of William Lyon, aged 36, who was an engine-driver, and had been under treatment at the hospital for an affection of the jaw-bone. It was considered necessary to perform an operation, and he was placed under the influence of chloroform, and two minutes after its administration he expired. A verdict that deceased died from paralysis of the heart, caused by chloroform, was returned.

The death of a patient while on the operating-table, under the influence of chloroform, occurred on the 27th of last month in the practice of the eminent Vienna surgeon Billroth. Disarticulation at the hip-joint was being performed, on account of osteomyelitis. The femoral artery had been tied, and Billroth was about to apply the galvano-caustic wire in order to divide the soft parts after the enucleation of the head of the bone, when the patient's breathing became stertorous, and he died. Tracheotomy was immediately performed; but it and all other attempts to restore life were fruitless.—*Brit. Med. Journ.*, June 15, 1872.

Vital Statistics of France and Prussia.—A considerable sensation has been caused this week in France by the communication of M. Decaisne to the Academy of Medicine of an important study on the depopulation of France, indicated by its present vital statistics. Comparing it with Prussia, he shows that there 100 marriages produce 400 children, while in France they give only 300. The percentage of births to population in Prussia is 3.98; in France, only 2.55. The annual excess of births over deaths in Prussia is 13,000 per million; in France, 2,400. As to the future, the French population would require one hundred and seventy years to double itself; that of Prussia, only forty-two; that of Great Britain, fifty-two; that of Russia, sixty years.—*Brit. Med. Journ.*, June 15, 1872.

Amyloid Degeneration.—It is well known that amyloid degeneration is very common after long-continued suppurations, especially of bones and joints. But Prof. Cohnheim gives (*Virchow's Archiv*, vol. liv., pts. i. and ii.) three cases in which it was found, after a suppuration of joints of only some months' duration. The suppurations occurred in healthy men from wounds received in battle. The spleen was affected in all the three, and the kidney in one, so that the amyloid degeneration was in an early stage. The author has no doubt that the degeneration was the result of the suppuration, and the cases are remarkable on account of its occurring after such a short period.—*Glasgow Med. Journ.*, May, 1872.

The First to Suggest the Idea of Dispensaries.—Dr. Samuel Garth, in 1702, was the first physician who suggested the idea of dispensaries where advice was given gratis to the poor. He may be considered the founder of those benevolent institutions. His poem of "The Dispensary" was a satire on the interested quacks and apothecaries who opposed the charity.—*Medical Record.*

Nervous or Sick Headache.—In those forms of sickness which are preceded by disturbed vision, or other signs recognizable by the patient as preceding an attack, the patient should lie down with the head as low as possible, and if the glimmering be on the right or left of the field of vision, he should lie on the opposite side. He should at the same time take some powerful diffusable stimulant. By this means the defective supply of blood to some portion of brain, which is the real disease, is counteracted. There is always a loss of tone about the cerebro-spinal system in cases of this kind, and of course all measures calculated to improve the general health should be adopted. If the attack is followed or preceded by great mental depression, nothing acts like half a drachm or a drachm of the ammoniated tincture of valerian. A remedy which is often given with great advantage during a severe attack is bromide of potassium in doses of five, ten, to thirty grains, combined with thirty or forty minims of sal volatile. If the attacks have been very frequent, or if there be any scrofulous tendency, the iodide of iron may be given in the following form:

℞ Ferri et ammon. cit., gr. v.;
Potassii iodidi, gr. ij.;
Aquæ, ℥j.;

and, according to circumstances, fifteen to twenty minims of tincture of henbane, or twenty to thirty minims of aromatic spirit of ammonia may be added. If the stomach is irritable this may be given in the effervescing form. In other cases citrate of iron with ammonia and strychnine may be given with great success.—*Dr. P. W. Latham, p.* 102.—*Medical Press and Circular.*

Neuralgia. — *Galvanism.* — In order to cure neuralgia by galvanism we should use the continuous current, by means of small wet sponges attached to small conical conductors. The constant galvanic current has a truly marvelous effect over pain, whereas the interrupted current is of little or no service. The battery used should be Weiss's, sometimes known as Foveaux's. Eight cells of this splendid battery suffice, with very small sponges (about as large as would fill the head of a thimble). They should be applied to the painful part, an inch or two apart, and moved about, without being actually removed from the skin, for about two minutes. After resting a minute they should then be applied again for two minutes. Three very interesting cases illustrative of this plan of treatment are given.—*Mr. J. Stead, p.* 112.—*Medical Press and Circular.*

Book Reviews.

Report to the Surgeon General of the United States Army on the Minute Anatomy of Two Cases of Cancer. By Assistant Surgeon J. J. Woodward, United States Army.

This short report comprises some valuable additions to our knowledge of the histology of cancerous growths, and the two beautifully clear and distinct plates which accompany it are the finest specimens of the Photo Plate or Albertype process of printing that we have yet seen. The one representing the microscopic appearance of a section of a mammary cancer is especially accurate, and finely illustrates the immense superiority of this new process of engraving for this class of illustrations.

Spectrum Analysis Discoveries. Showing its Application in Microscopical Research and to Discoveries of the Physical Constitution and Movements of the Heavenly Bodies. Boston : Lee & Shepard. Price, 25 cents.

This little volume forms the fourth one of a series of popular science publications edited by Dana Estes. It contains numerous plates and illustrations, and its contents will be found of value to those interested in this comparatively new field of scientific investigation.

The Better Way ; or, Considerations upon the Natural System of Providing for the Treatment of the Insane. By Andrew McFarland, M. D., LL.D.

(From the St. Louis *Medical and Surgical Journal.*)

An American Italy for Invalids. A Dissertation showing the Advantages, Incidents, etc., of a Journey on the Plains, in the Rocky Mountains, and Mexico, for the Cure of all Chronic Diseases. By R. E. Fullerton, M. D. H. D. Chapin & Co., 50 East Harrison street, Chicago, Publishers. Price, 25 cents.

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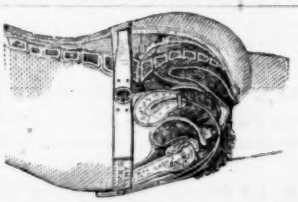

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